

Suicide Interventions: Safety Planning & Means Restriction

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Objectives: Suicide Interventions: Safety Planning & Means Restriction

Participants will be able to:

- Identify what a Suicide Safety Plan is, who should have one and when it is used
- Engage the person at risk of suicide in the process of keeping themselves safe
- Collaboratively create an individualized safety plan with the person at risk of suicide
- Problem solve with the person at risk to identify barriers or obstacles to using the plan
- Describe roles of impulsivity, ambivalence and differing lethal methods in contributing to suicide attempts and deaths
- Ask clients about access to lethal means
- Work with clients and their families in reducing access to lethal means

Why focus on SSP & MR?

?

Warning Signs - Acute

- ▶ Threatening to hurt or kill self or talking of wanting to hurt or kill self
- ▶ Looking for ways to harm self – seeking access to firearms, available pills, or other means
- ▶ Talking or writing about death, dying or suicide
- ▶ Sudden improvement after being depressed
- ▶ Having a plan & the means

Warning Signs - Distress

- ▶ Impulsiveness
- ▶ Withdrawing, isolating, anhedonia
- ▶ Feeling hopeless, worthless, helpless, trapped
- ▶ Anxiety, agitation, anger
- ▶ Dramatic mood changes
- ▶ Sleep changes – unable to sleep, sleeping more
- ▶ Acting reckless or engaging in risky activities
- ▶ Increased substance use

Risk Factors for Suicide

- ▶ Mental illness
- ▶ Family history of mental disorder, substance abuse or suicide
- ▶ Family violence, including physical or sexual abuse
- ▶ Incarceration
- ▶ Exposure to suicide - loss or attempt
- ▶ Bullying
- ▶ LGBTQ

Protective Factors

Internal

- ▶ Ability to cope with stress
- ▶ Religious/spiritual beliefs
- ▶ Cultural beliefs
- ▶ Frustration tolerance
- ▶ Problem solving skills

External

- ▶ Social supports
- ▶ Connection to others
- ▶ Responsibility to others
- ▶ Access to care
- ▶ Reduced access to highly lethal means

Suicide Safety Planning Intervention (SSPI)

What a Safety Plan ISN'T:

- ▶ No-Suicide Contract-
- ▶ Agreement between patient and provider that patient 'contracts' or promises not to take action to end his/her own life
- ▶ HOW????

What is a Suicide Safety Plan?

- ▶ Written, prioritized list of coping strategies & sources of support that patients can use to alleviate a suicidal crisis
- ▶ Focused on PAR's Coping Strategies & Supports
 - ▶ Intent: reduce risk of suicidal behavior-provides predetermined list of coping strategies & supports
- ▶ Written-client's words
- ▶ Brief
- ▶ Do-able

Who Should Have a Suicide Safety Plan?

- ▶ Anyone deemed to be at high risk for suicide
 - ▶ Recently attempted
 - ▶ Past attempt(s)
 - ▶ Past suicidal ideation
 - ▶ Chronically thinks about suicide 'ace in the hole'
 - ▶ Survivor
 - ▶ ????
- ▶ Anyone who has a suicidal crisis should have a comprehensive suicide risk assessment.

When should a Suicide Safety Plan Intervention be done?

- ▶ After a comprehensive risk assessment:
- ▶ What happened before, during and after the recent suicidal crisis? (including precipitating event and reactions to these events)
- ▶ Why?
- ▶ Previous attempts? What happened?
- ▶ Family history of attempts/deaths

How Should a Safety Plan be Done?

- ▶ Collaboratively
- ▶ Interactively
- ▶ Matter of fact discussion
- ▶ Problem solving approach

Implementing the Safety Plan

- ▶ Identify Personal Warning Signs
- ▶ Internal Coping Strategies
- ▶ Social Supports and Settings
- ▶ Family Members or Friends
- ▶ Professionals and Agencies
- ▶ Making the Environment Safe

SAFETY PLAN	
Step 1: Warning signs:	
1.	_____
2.	_____
3.	_____
Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person:	
1.	_____
2.	_____
3.	_____
Step 3: People and social settings that provide distraction:	
1.	Name _____ Phone _____
2.	Name _____ Phone _____
3.	Place _____
4.	Place _____
Step 4: People whom I can ask for help:	
1.	Name _____ Phone _____
2.	Name _____ Phone _____
3.	Name _____ Phone _____
Step 5: Professionals or agencies I can contact during a crisis:	
1.	Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
2.	Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
3.	Suicide Prevention Lifeline: 1-800-273-TALK (8255)
4.	Local Emergency Service _____ Emergency Services Address _____ Emergency Services Phone _____
Making the environment safe:	
1.	_____
2.	_____
<p>From Stanley, B. & Brown, G.K. (2011). Safety planning intervention: A brief intervention to mitigate suicide risk. <i>Cognitive and Behavioral Practice</i>. 19, 256–284</p>	

1: Warning Signs: Identify

- ▶ **Goal:** PAR identifies personal signs
- ▶ **Ask:** *What do you experience when you start to think about suicide or feel extremely depressed?*
- ▶ **List:** Client's warning signs in his/her own words

Possible Warning Signs

- ▶ Situations
- ▶ Thoughts
- ▶ Images
- ▶ Thinking processes
- ▶ Mood
- ▶ Behaviors

2: Internal Coping Strategies

- ▶ **Goal:** PAR identifies what works for them when distressed
- ▶ **Ask:** *What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts? What activities could you do to help you take your mind off your problems even if it is for a brief period of time?*
- ▶ **Examples?**

2: Internal Coping Strategies-con.

- ▶ **ASSESS:** Likelihood of use
- ▶ **Ask:** *What might stand in the way of you thinking about these activities or doing them if you think of them?*
- ▶ **List:** Things that work for PAR

2: Internal Coping Strategies-con.

- ▶ **ASSESS:** Likelihood of use
- ▶ **Ask:** *What might stand in the way of you thinking about these activities or doing them if you think of them?*
- ▶ **List:** Things that work for PAR
- ▶ Use a collaborative, problem solving approach to address potential roadblocks and ID alternative coping strategies

3: Social Contacts & Settings- Distraction

- ▶ **Goal:** Distraction from suicidal thoughts and feelings

PEOPLE:

- ▶ **Ask:** *Who helps you feel better when you socialize with them? Who helps you take your mind off your problems for a little while at least?*
- ▶ **ASSESS:** Likelihood of contact

3: Social Contacts & Settings- Distraction – con.

- ▶ **Goal:** Distraction

PLACES/SITUATIONS

- ▶ **Ask:** *What are some safe places you can go to be around people? Can you think of other people or social settings that might take your mind off of your problems if these aren't available?*
- ▶ **Assess:** Likelihood of utilization
- ▶ ID potential obstacles, and problem solve, as appropriate

4: Family Members or Friends Who May Offer Help

- ▶ **Goal:** Engage Personal Supports
- ▶ **Ask:** *Among your family or friends, who do you think you could contact for help during a crisis? OR Who is supportive of you and who do you feel you can talk with when you are under stress?*
- ▶ **List:** multiple people & contact information, in case one contact is unreachable.
- ▶ **Assess:** Likelihood of engagement
 - ▶ ID potential obstacles and problem solve. Role play and rehearsal can be useful in this step

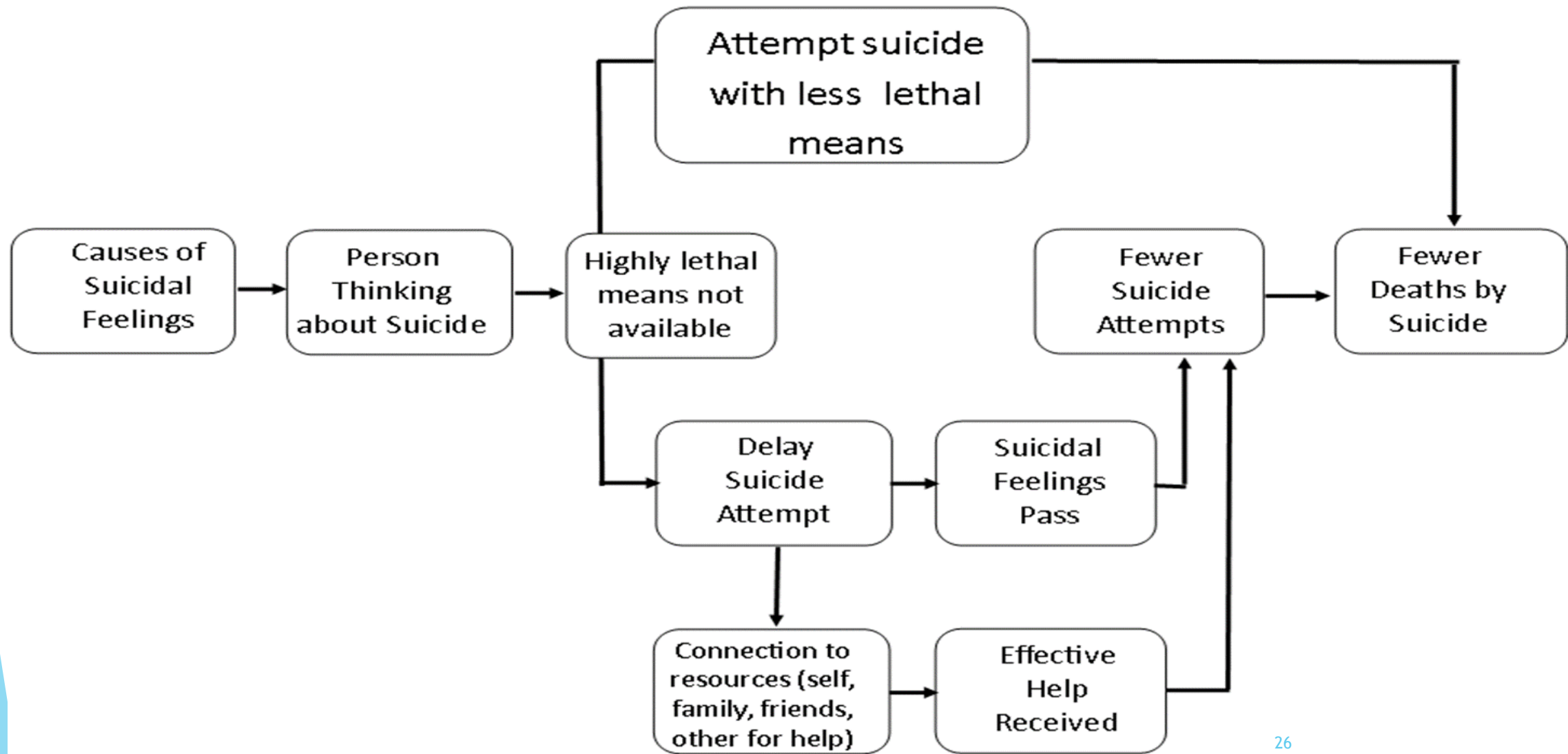
5: Professionals & Agencies to Contact for Help

- ▶ **Goal:** Access Care and Support
- ▶ **Ask:** *Who are the mental health professionals that we should identify to be on your safety plan? Are there other health care providers? Crisis Lines?*
- ▶ **List:** Names, numbers &/or locations of clinicians, local urgent care services, crisis lines
- ▶ **Assess:** Likelihood of engagement
 - ▶ ID potential obstacles, and problem solve.
 - ▶ Role play and rehearsal can be useful in this step

6: Making the Environment Safe

- ▶ **Goal:** Decrease access to means
- ▶ **Ask:** *Have you thought about how you would kill yourself?*
- ▶ **Ask:** *Do you own firearms, such as a gun, rifle or shotgun? What other means do you have access to and may use to attempt to kill yourself?*
- ▶ **Ask:** *How can we go about developing a plan to limit your access to these means when you are thinking about suicide?*
- ▶ **Collaboratively** identify ways to secure or limit access to lethal means.

LOGIC MODEL: MEANS REDUCTION



What are the Steps After the Plan is Developed?

▶ Assess –

- ▶ Likelihood it will be used
- ▶ Barriers & obstacles to using

▶ Discuss

- ▶ Where will it be kept? How will it be located?

▶ Evaluate

- ▶ Appropriate to PAR capacity & circumstances

▶ Review

- ▶ Periodically
- ▶ When needs/circumstances change

Means Matter in Suicide Prevention

Counseling on Access to Lethal Means

- Most suicide prevention efforts focus on WHY?
- This focus is on HOW?
 - Evidence from many cultures indicates that decreasing access to means & methods of self-harm > effective strategy to prevent self-destructive behavior
- RESTRICT ACCESS = EFFECTIVE MEANS OF PREVENTING SUICIDE (Mann et al., 2003)

Examples of Population Based Interventions

- ▶ Coal Gas in the UK
- ▶ Pesticides in Sri Lanka
- ▶ Britain blister packs 1998
- ▶ Bridge Barriers
- ▶ Firearms in the Israeli Military

Coal Gas, UK

- ▶ 1950's – nearly ½ of all suicides were poisonings with domestic gas used in ovens and heaters
- ▶ 1958-1971 - Cheaper, less lethal sources of gas replaced toxic coal gas
- ▶ Afterward, suicide by gas virtually disappeared.
 - ▶ 2,499 in 1960 / 8 in 1977
- ▶ Rates of non-gas suicide increased somewhat but overall rates of completed suicide dropped by 1/3.



Pesticides, Sri Lanka

- ▶ Pesticides are the leading method of suicide in Asia
- ▶ Suicide rates rose 8 fold from 1950-1995
- ▶ Restrictions placed on the sales of the most human toxic pesticides in the late 90's
- ▶ Suicide rates dropped 50% from 1996-2005
- ▶ Nonfatal poisonings and suicide by other methods did not drop



Blister Packs, Britain

- ▶ Paracetamol
- ▶ Deaths from paracetamol overdoses fell by 43% in England & Wales in the 11 years after the law on pack sizes changed
- ▶ Liver transplants due to paracetamol damage reduced 30%
- ▶ 1998- law restricted pack sizes in UK to 32 tablets in pharmacies and 16 in other shops



Bridge Barriers

- ▶ Research demonstrates that bridge barriers are most effective means of bridge suicide prevention – physical barrier literally restricts access to the drop



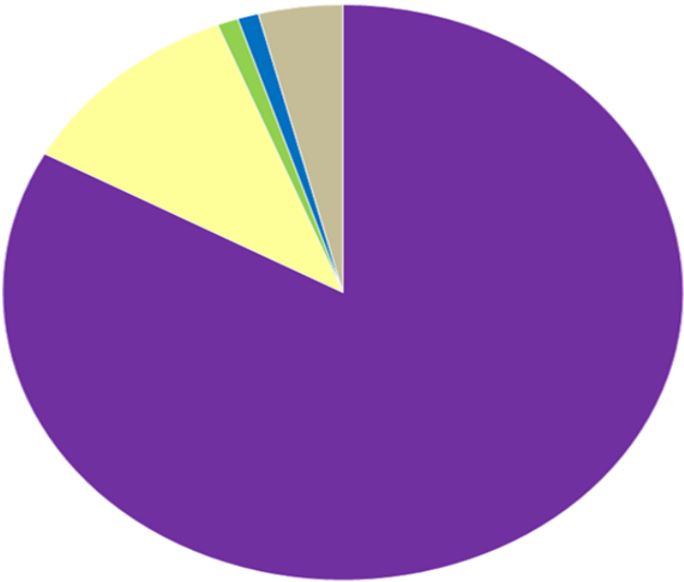
Israeli Military

- ▶ Israeli Defense Forces has mandatory draft for young people aged 18-21 in Israel.
- ▶ During 2003-2005, an average of 28 suicides occurred each year; 26 by firearms.
- ▶ In 2006, ISD instituted policy of leaving weapons at their bases during weekend leaves.
- ▶ Following the change, the suicide rate decreased by 40%;



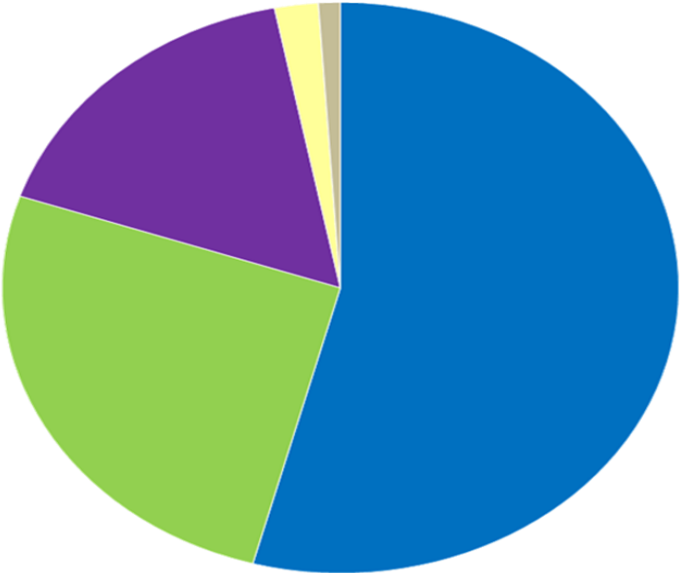
Non-Fatal Self Harm vs. Suicide Deaths

▶ Non-fatal



Poison Cut/Piercing Suffocation
Firearms Other

▶ Fatal



Firearms Suffocation Poison
Cut/Piercing Other

Long Term Survival

- ▶ 9/10 people who attempt suicide will not die by suicide at a later date (Owens et al., 2002)
- ▶ Holds true even for those who used highly lethal attempts (jumping in front of a train)
- ▶ Restriction of means shown in peer research studies to lower suicide rates
- ▶ Means reduction can prevent suicide death even if it doesn't prevent an attempt

Ambivalence



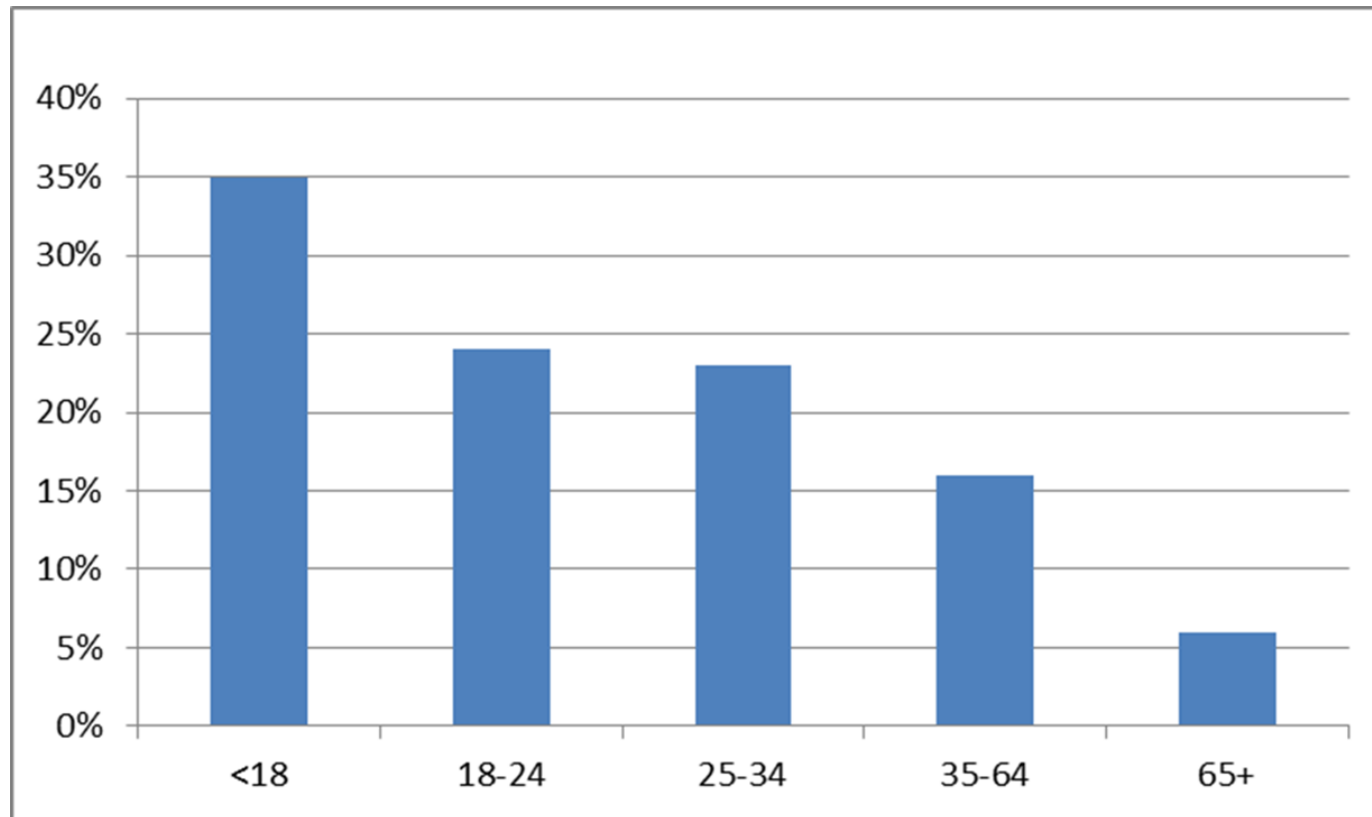
Kevin Hines & Golden Gate Bridge



Impulsiveness

- ▶ Impulsivity in making decisions is strongly associated with suicidal behavior in a short term crisis
- ▶ Intense suicidal phases are often brief
- ▶ Ongoing MH or SU problems are common
- ▶ If highly lethal means are LESS available to impulse attempters, odds are better that they will survive

% Suicide Deaths within 24 hours of crisis



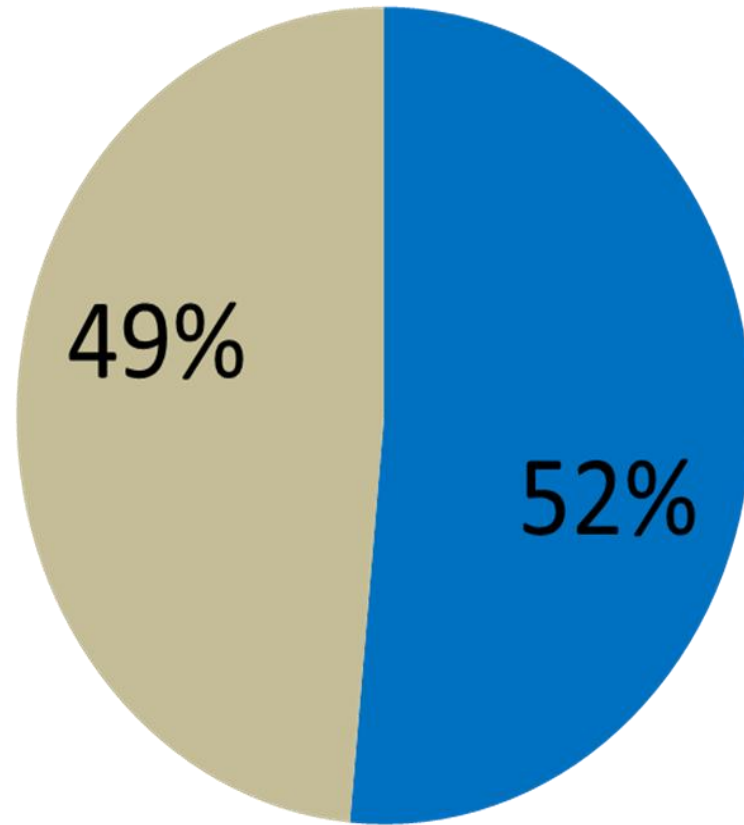
Impulsiveness

- ▶ Among people who almost died in a near lethal suicide attempt (Simon, 2005)
 - ▶ 24% said less than 5 minutes had elapsed between deciding on suicide and making the attempt.
 - ▶ 47% said under an hour
 - ▶ 16% said 2-8 hours
 - ▶ Only 13% said one day or more

Firearms

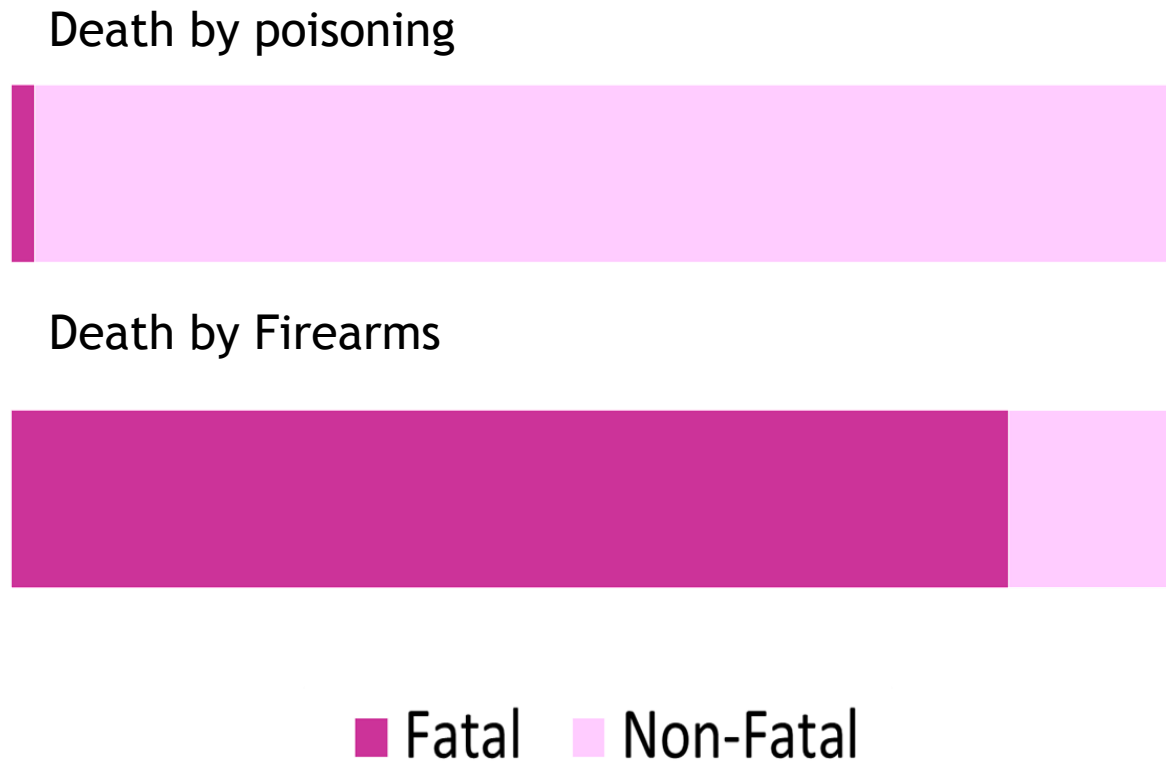
- ▶ Lethality
- ▶ Accessibility
- ▶ Irreversibility
- ▶ Irrevocability

Methods of Suicide Death, 2014



■ Firearms ■ All but Firearms

Firearms vs. Poisoning



Gun Prevalence

- ▶ CDC Behavioral Risk Factor Surveillance System -
- ▶ US, 36.7% of households own firearms
 - ▶ 1 in 3 homes with children have firearms (Schuster et al. 2000).
- ▶ In LA, 45% of households own firearms

Youth Access to Firearms

- NVISS study – firearm suicides among youth 17 & under
 - ▶ 82% used a firearm belonging to a family member-usually a parent
 - ▶ When storage status noted, 64% of firearms stored unlocked
 - ▶ Remaining of those with firearms locked, youth knew the combination or knew where key was kept or broke into the cabinet



Firearms - Youth (15-24) & Children (0-14)

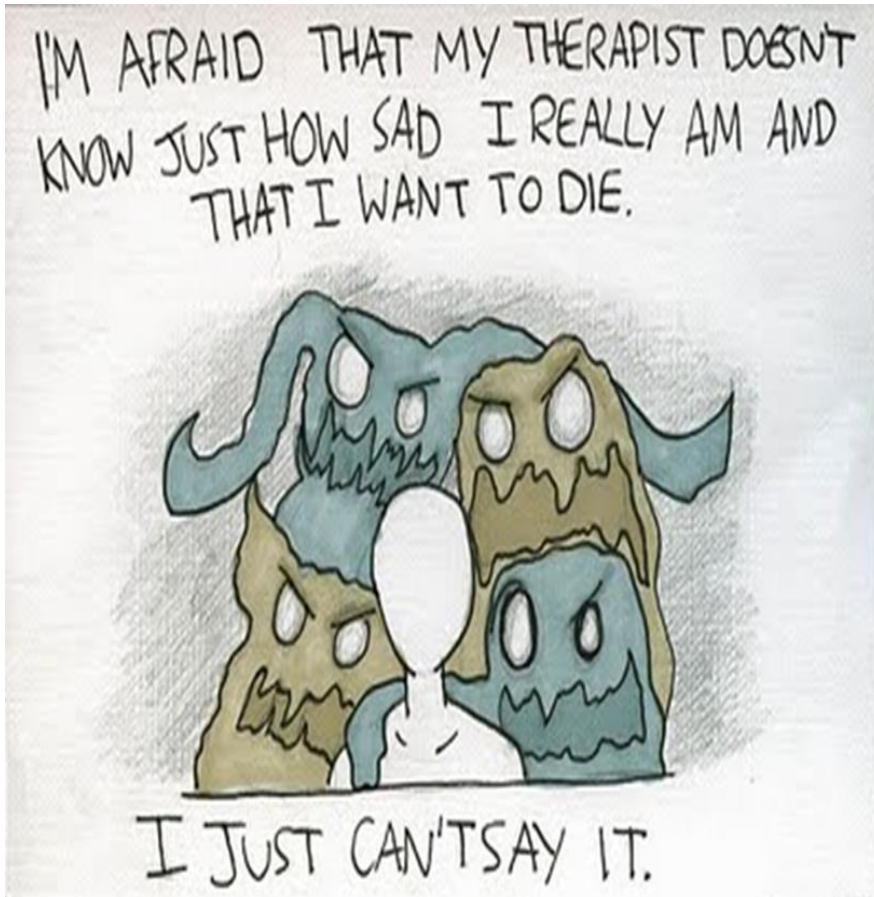
- ▶ (Baxley & Miller, 2006) – Children often find or handle firearms in the home without the parent's knowledge
 - ▶ 3 in 4 children ages 5-14 knew where firearms were hidden in the home BUT 39% of their parents mistakenly thought that their child did not know the location of the firearms
 - ▶ 1 in 3 children ages 5-14 had handled a firearm in the home BUT 22% of their parents thought that their child had never handled a firearm
- ▶ 2010-32% of the firearm related fatalities classified as suicide were children & youth
- ▶ 2005-2010 – firearms were used in nearly half of all suicides by youth (46%)

**SO, WHAT
HAPPENS NOW?**

Key Concepts in Restricting Means

- ▶ Respectful partnership
- ▶ Express Concern
- ▶ Ask about access
- ▶ Educate
- ▶ Make a plan
- ▶ Assign roles/timeframe
- ▶ Monitor progress

Bringing up Suicide



- Explore the subject in a calm, matter-of-fact & compassionate manner
- Most clients relieved that you ask

Overview

- ▶ ASK about suicidal thoughts and past suicide attempts
 - ▶ Access to means
 - ▶ Methods of self harm considered
 - ▶ Lethal means they can access during an impulsive moment
- ▶ Work with individual &/or family member to reduce access temporarily

Ask: Suicide Thoughts & Behaviors

- ▶ Ask EVERY client
- ▶ Talking about suicide can reduce risk of suicide
- ▶ Important to ask DIRECTLY
- ▶ Get accurate information, assess suicide risk and develop a care plan in collaboration with client
- ▶ Ask again later

Asking about Suicide

1. *Sometimes (people who experience _____ and are feeling __) think about killing themselves. “Have you found yourself thinking you’d be better off dead? “Are you thinking about it?”*
 - *Tip: “Not really” response could be a yes.*
2. *Ask about last couple of months. “Tell me about a couple of times you felt worse, saddest or most angry or trapped. Did you think about suicide? What did you do?”*
3. *“Have you ever attempted suicide?”*
 - *Why is it important to ask?*

Asking about Suicide Method

- ▶ Ask for specifics *“You’ve told me you have been thinking about suicide. Have you thought about how you would kill yourself?” “When were you thinking about doing it?”*
- ▶ Ask about ALL firearm access-
 - ▶ Even if person at risk doesn’t have a plan
 - ▶ Ask about access in multiple settings

Involve Family Members

- ▶ Asking family members to help reduce access can be effective
- ▶ ALWAYS involve parents/guardians of children and youth
- ▶ Families counseled to remove or secure lethal means are far more likely to do so than those who are not counseled (Kreusi et al, 1999)

Conduct Lethal Means Counseling

- ▶ Counsel suicidal individuals & families about restricting access to:
 - ▶ Firearms – most common method in suicide
 - ▶ Medications – most common method in attempts
 - ▶ Alcohol/Drugs – increases risk of attempts
 - ▶ More likely to act on an attempt
 - ▶ Increases the lethality of drug overdoses
 - ▶ Other means- Suffocation/Hanging; Falls; Poison

Communication Styles

- ▶ Collaborative – find common ground
 - ▶ Demonstrate understanding
 - ▶ Raise issue with problem solving language
 - ▶ Seek mutually agreed upon solutions
- ▶ Informative – use data to inform of risk
 - ▶ Discuss relative risks of different courses of action
 - ▶ Try to keep focus on information based decision making
 - ▶ Listen to information provided by others
- ▶ Authoritative – emphasize concern as clinician
 - ▶ Raise informed objections to approaches that seem ineffective
 - ▶ Be persistent in seeking reasonable solutions
 - ▶ Be clear-role is to keep person at risk safe

Make a Plan to Reduce Access

- ▶ Develop a plan in collaboration with person at risk and monitor its progress
- ▶ Reach agreement about the plan
- ▶ Designate roles and a timetable
- ▶ Document plan in your notes & PAR's Safety Plan
- ▶ Make a follow up contact to check on progress

Language Matters

- ▶ Conversation is NOT confiscation
- ▶ Relocation & suicidality temporary
- ▶ Collaborate to find solutions
- ▶ *“Let’s think about who could hold your guns temporarily” or “let’s go through some options for storing your guns offsite until you’re doing better” -NOT you must give up your gun*

Firearms – Reducing Access

- ▶ Ask about **all** firearms in **all** home(s).
- ▶ Safest, most effective option is to temporarily remove all firearms from the home until the situation is better.
- ▶ Address barriers
- ▶ Motivational Interviewing skills may be helpful in negotiating gun safety

Parental Involvement

- ▶ When would you ask questions about firearms without the youth being present?
- ▶ Why would you ask parents about gun storage while their youth was present?
- ▶ What can you do if the parents are not available in person?
 - ▶ Talk with parents on the phone
 - ▶ Try to speak with the gun owner if the person you talk to is not the owner. Gun owner likely to be decision maker

Ask Parents/Guardians about Firearms

- ▶ Ask specific questions out of hearing of the youth (if there is a chance youth doesn't know about firearms)
 - ▶ *Are there guns in the home?*
 - ▶ *How are they stored?*
- ▶ Be thorough
 - ▶ Speak with Adult who knows most about firearms
 - ▶ Ask about ALL guns
 - ▶ Discuss all of youth's homes (joint custody, grandparents)
 - ▶ Discuss all people who might provide access to guns (friends, hunting buddies)
- ▶ Don't assume hiding places are effective –
 - ▶ Youth know where the guns are & how to access them

Youth Handling Firearms

- ▶ Parents underestimate their children's experience handling guns at home (Gorssman)
 - ▶ Risk of youth suicide lowest in homes with no firearms,
 - ▶ In gun owning families, youths living in homes where firearms are stored unloaded and locked are at lower risk for suicide
 - ▶ Risk is highest for those living in homes in which firearms stored less securely

Firearm Storage

- Safest option-store guns & ammunition away from home until person is no longer at risk
- Caution –
 - Person at risk handling firearm is not advised
 - Person unfamiliar with firearms shouldn't unload
- Where can you put it?
- Who can help?

Help with Firearm Storage

- ▶ Trusted friend or relative – can hold on to firearms & ammunition temporarily
 - ▶ Caution: Not everyone can legally handle guns
- ▶ Firearm storage facility, gun clubs and shooting clubs (may be fee involved)
- ▶ Police Department- some will hold guns temporarily, others won't. Most will dispose it them if requested

Storing Firearms in the Home

- ▶ If temporarily storing firearms away from home is not an option, take following steps
- ▶ Unload all guns – by someone who knows how
- ▶ Lock up all guns – lock boxes & safes, trigger and cable locks (anything easily pried apart is not secure)
- ▶ Store ammunition separately in a locked container

Prescribing Considerations

- ▶ Use lower toxicity medications if possible
- ▶ Limit medication quantities (Poison control -1-800-222-1222)
- ▶ Take use of alcohol and other medications into account, including over the counter medications
- ▶ Don't overpromise safety or inadvertently steer client to more lethal method

Advise Families how to Reduce Access

- ▶ Advise families to take the following steps
 - Remove unneeded medications from the home
 - Buy smaller quantities of OTC meds, blister packs or allowing access to smaller quantities
 - For necessary meds, keep only non-lethal quantities on hand (Poison control -1-800-222-1222)
 - Lock up abuse prone drugs such as: prescription painkillers, anxiety pills, amphetamines, sedatives, tranquilizers

Alcohol

- ▶ Alcohol can increase both:
 - ▶ Chance of suicidal behavior
 - ▶ Lethality of a drug overdose
- ▶ Advise families to do one of the following until the situation improves:
 - ▶ Remove all alcohol from the home
 - ▶ Keep only small quantities
 - ▶ Keep alcohol in a locked cabinet

Take Aways



- Reducing access to highly lethal ways of killing self reduces death by suicide
- ASK about suicide **AND** about METHOD
- Help individual develop a safety plan that addresses HOW to keep him/herself safe when thoughts of suicide occur

- ▶ **Suicide Proof Your Home:** <http://www.hennepin.us/residents/emergencies/mental-health-emergencies#make-a-safer-home>
- ▶ <https://www.youtube.com/watch?v=leTbRqopDFs&list=PLFuoLpHXRImjsoSGU6AyVxvg3mZRoqkFH>